

Food/Snack/Beverage Survey

Please return to Mail stop 174 by 15 April 2005

This survey is being conducted at the request of the LaRC Senior Leadership Council (SLC). Its purpose is to accurately assess LaRC employees' needs and preferences for Food/Snack and Sundry items available in work areas. Survey responses will assist the LaRC Exchange assume responsibility for the Canteen/Food lockers by September 30, 2005 as approved by the SLC. Survey responses will be used to determine the types of morale activities and amount of funds needed by the LaRC Exchange to support employee morale. The SLC will be briefed on the results of this survey. Your assistance in providing survey responses is appreciated. Thank you.

- What type of vending machines do you have in your work area? ____ None
____ Snack/candy/pastries ____ Sundry Items ____ Frozen Foods
____ Ice Cream ____ Other, specify_____
- What type of vending machines would you like to have in your work area: ____ None
____ Snack/candy/pastries ____ Sundry Items ____ Frozen Foods
____ Ice Cream ____ Other, specify_____
- What type of Brands would you like to have that are not available?
- What other products would employees purchase that are not currently available with in your work area?

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Please provide the following information about the products you purchase and the amount you anticipate purchasing. Make additional copies if more space required. Note: Please consider Brand Names or off Brands.

| Chips/Pretzels | Size | Price | Monthly Purchase |
|------------------|-------|-------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Cookies/Crackers | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Ice Cream | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Candy Bars | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Gum/Mints | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Package Candies | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Pastries | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Health Items | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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Please check all morale activities and services you'd like to have within your Directorate/Division/Branch/Office supported. Please indicated what organization level you feel fund support should be used at within your Directorate. Indicate level of support desired at by writing:

DIR = Directorate level, Div=Division Br = Branch Off=Office or

NO = No opinion

___ Picnics

___ Entertainment

___ Holiday/Office Party

___ Organization T-Shirts

___ Unit Retiree Party

___ Morale Trophies/Award

___ Organization Sports uniforms

___ Sports entry fee (Org).

___ Team Dances

___ Bereavement

___ Entry Tickets for Morale trips (Air/Space Museum, Amusement parks)

___ Others, specify _____

Are there other employee morale usage you'd like to see supported?
If So, Please List:

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- Please use this page to submit comments, concerns or questions. Please feel free to contact Randy B. Cone for any additional information at 864-9135 or email: Randy.B.Cone@NASA.GOV.